



CITY OF ST. MARYS, GEORGIA
TEMPORARY SALES OR SOLICITOR PERMIT
Community Development Department
418 Osborne Street - (912) 510-4032

TS

NAME: _____ TELEPHONE: _____

ADDRESS: _____

IF BUSINESS NAME, LIST NAME AND ADDRESS OF OWNER: _____

IF CORPORATION, LIST NAME OF REGISTERED AGENT AND ADDRESS OF AGENT: _____

PICTURE ID: _____ COPY OF COUNTY OR STATE PERMIT: _____

CURRENT OCCUPATIONAL TAX LICENSE: _____

PROPERTY OWNER LOCATION LETTER: _____

SITE PLAN: _____ PRODUCT SOLD: _____

VEHICLE LICENSE AND DESCRIPTION: _____

COPY OF VEHICLE INSURANCE: _____

PERMIT FEE: _____ DATE PAID: _____

THE APPLICANT SHALL, IN ADVANCE, OBTAIN AN OCCUPATIONAL TAX LICENSE AND PAY THE CITY A FEE OF \$300 PER YEAR REDUCED BY \$25 FOR ANY FULL MONTH ALREADY PASSED AT THE TIME OF THE ISSUANCE OF THE PERMIT, AS A SOLICITOR OR TEMPORARY SALES. NO EVENT MAY CAUSE TRAFFIC CONGESTION OR ADVERSELY AFFECT SURROUNDING AREAS.

Prohibited Acts:

1. Soliciting or selling within neighborhoods or at residences posted as "no soliciting or selling" or any wording to that effect.
2. No door-to-door soliciting on Sundays or between the hours of 6:00 PM and 10:00 AM.
3. Enter any private dwelling without being invited.
4. Failing to obtain a soliciting or temporary sales permit.
5. Failing to have a copy of permit and showing when requested.
6. Making false statements on any solicitor or temporary sales permit application.
7. Operating more than one temporary sales business at one location.
8. Operating more than two temporary sales businesses within one block.

EVENT ADDRESS: _____

OWNER OF SITE: _____

OWNER ADDRESS: _____

DESCRIBE PARKING ARRANGEMENTS AND POTENTIAL TRAFFIC PROBLEMS: _____

I UNDERSTAND THAT I AND/OR THE GROUP I REPRESENT CARRY THE BURDEN OF PROVING THE NEED FOR THIS PERMIT. FURTHER, I/WE ARE RESPONSIBLE FOR THE CONDITION OF THE SITE WHILE THIS PERMIT IS IN EFFECT. TO THIS END, I/WE UNDERSTAND THAT I/WE ARE RESPONSIBLE FOR COMPLYING WITH ANY RULES, REGULATIONS OR ORDINANCES APPLYING TO SOLICITING AND TEMPORARY SALES AS WELL AS TRAFFIC SAFETY AND FULLY UNDERSTAND PROHIBITED ACTS LISTED ABOVE.

SIGNED: _____ DATE: _____

COMMUNITY DEVELOPMENT DIRECTOR/ ASST. PLANNER

DATE APPLICANT NOTIFIED: _____

BUILDING OR PLANNING DIRECTOR: _____ DATE: _____